

CLINICAL PRIVILEGES - FAMILY AND PRIMARY CARE/ADULT NURSE PRACTITIONERS

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT : In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR : In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

- CODES** :
1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
 2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
 3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES : Any change to a verified/approved privileges list must be made in accordance with AFI 44 -119.

NAME OF APPLICANT *(Last, First, Middle Initial)*

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES - FAMILY AND PRIMARY CARE/ADULT NURSE PRACTITIONERS

Requested	Verified		Requested	Verified	
		A. CORE PRIVILEGES			B. FAMILY NURSE PRACTITIONER (continued)
		1. Take, evaluate, and record comprehensive health histories			7. Educate appropriate groups on promotion, maintenance, and restoration of health and use of community resources
		2. Perform comprehensive physical examinations required to evaluate health status and acute and/or chronic medical problems			8. Counsel on family planning, including prescribing oral contraceptives, fitting diaphragms, and inserting and removing IUDs and Norplant
		3. Order, conduct, and interpret appropriate screening studies, tests, and diagnostic procedures used to assess and diagnose problems, and establish management/treatment plans			9. Conduct unwanted pregnancy counseling
		4. Initiate consultation requests and work in collaboration with specialists and other health professionals, as appropriate			10. Educate and counsel on the aging process and promotion and maintenance of well-being in the elder years
		5. Diagnose, treat, and manage acute episodic and chronic illnesses, minor traumas, and behavioral/psychological problems			C. PRIMARY CARE/ADULT NURSE PRACTITIONER
		6. Teach, counsel, and advise patients and families about current health status, illness(es), and health-promotion and disease-prevention activities			1. Manage acute episodic and chronic medical problems from young adult to geriatrics
		7. Prescribe nonpharmacological therapies and pharmacological agents to include Schedule II-V controlled substances within the scope of specialty nurse practitioner practice			2. Manage behavioral or psychosocial problems, including crisis intervention and short-term individual, family, and marriage counseling
		8. Rotate after-duty hours primary PCM <i>(primary care manager) call</i>			3. Manage common gynecological problems
		B. FAMILY NURSE PRACTITIONER			4. Educate appropriate groups on promotion, maintenance, and restoration of health and use of community resources
		1. Manage acute episodic and chronic medical problems from infants to geriatrics			5. Counsel on family planning, including prescribing oral contraceptives, fitting diaphragms, and inserting and removing IUDs and Norplant
		2. Manage behavioral or psychosocial problems, including crisis intervention and short-term individual, family, and marriage counseling			6. Conduct unwanted pregnancy counseling
		3. Provide well child care, including screening and administering immunizations			7. Educate and counsel on the aging process and promotion and maintenance of well-being in the elder years
		4. Counsel on pregnancy, childbirth, care of newborn, and child rearing			D. PROCEDURES (FAMILY AND PRIMARY CARE/ADULT NURSE PRACTITIONER):
		5. Perform initial obstetrical visit and routine prenatal follow-up for low-risk pregnancies			1. Advanced cardiac life support
		6. Manage common gynecological and obstetrical problems and illnesses in low-risk pregnancies			2. Pediatric advanced life support <i>(Family Care only)</i>
					3. Neonatal resuscitation program <i>(Family Care only)</i>
					4. Local infiltration anesthesia
					5. Peripheral nerve block anesthesia
					6. Wound care/debridement/minor burn management
					7. Simple abscess incision and drainage (I&D)
					8. Thrombosed hemorrhoid I&D
					9. Laceration repair

I. LIST OF CLINICAL PRIVILEGES - FAMILY AND PRIMARY CARE/ADULT NURSE PRACTITIONERS (Continued)					
Requested	Verified		Requested	Verified	
		D. PROCEDURES (FAMILY/PRIMARY CARE/ADULT (cont'd))			D. PROCEDURES (FAMILY/PRIMARY CARE/ADULT (cont'd))
		10. Punch/excisional/shave biopsies			30. Vasectomy
		11. Needle aspiration for culture			31. Circumcision
		12. Joint aspiration/joint injection			32. Paracentesis
		13. Cryotherapy			33. Lumbar puncture
		14. Toenail removal			34. Thoracentesis
		15. Suprapubic bladder aspiration			35. Closed reduction of simple fractures and dislocation
		16. Anoscopy			36. Ocular tonometry
		17. Sigmoidoscopy			37. Slit lamp use
		18. Colonoscopy			38. Ocular and nasal foreign body removal
		19. Pap smear/wet prep			39. Posterior nasal pack
		20. Vaginal diaphragm fitting			40. Indirect laryngoscope
		21. Endometrial biopsy			41. Paranasal sinus irrigation
		22. Endocervical curettage			42. Emergency intubation
		23. Bartholin's cyst I&D			43. Emergency cryothyroidotomy
		24. Cervical biopsy			44. Emergency tracheostomy
		25. Excision/biopsy of vulvar lesion			45. Tube thoracostomy
		26. Colposcopy			E. OTHER (Specify)
		27. Intrauterine device (IUD) insertion/removal			1.
		28. Norplant insertion/removal			2.
		29. Culdocentesis			3.
SIGNATURE OF APPLICANT					DATE
II. CLINICAL SUPERVISOR'S RECOMMENDATION					
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION <i>(Specify below)</i> <input type="checkbox"/> RECOMMEND DISAPPROVAL <i>(Specify below)</i>					
SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)					DATE